DOCUMENT RESUME

ED 149 222 CG 012 092

AUTHOR Martin, Harold P.
TITLE The Abusive Environment and the Child's Adaptation.
PUB DATE 27 Aug 77
NOTE 12p.; Paper presented at the Annual Convention of the American Psychological Association (San Francisco, California, August 26-30, 1977)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Adjustment (to Environment); *Child Abuse; Emotional Adjustment; *Environmental Influences; Family Problems; *Family Relationship; Neglected Children; *Parent Child Relationship; *Psychological Patterns; Social Work; State of the Art Reviews; Stress Variables

ABSTRACT

The biologic and developmental problems of abused children are usually thought of etiologically in relation to the physical trauma which has been suffered. Indeed, physical trauma can cause death, brain damage, developmental delays and deviations in personality development. The environment in which the abused child grows and develops is a most important basis for both physiological and psychological wounds in these children. The child is apt to be exposed to a number of biologic high-risk factors, e.g., medical difficulties in pregnancy and labor and delivery, prematurity, and inadequate medical and nutritional care. There are also a number of traits and characteristics of abusive parents to which the child must adapt. Some of the most common and significant factors are unpredictability, social isolation, messages of lack of value, role-reversal, and absence of modeling of pleasurable social interaction. Finally, there are environmental hazards stemming from therapeutic interventions, i.e., hospitalization, frequent foster home changes, and long-term foster placement without termination of parental rights. There are various options available to the child to help him cope and adapt to such environmental stresses. Two case examples highlight the effect of the abusive environment on the developing child. (Author)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED149222

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY Harold P. Martin

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

AMERICAN PSYCHOLOGICAL ASSOCIATION PRESENTATION

August 27, 1977
San Francisco

The Abusive Environment and the Child's Adaptation

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Harold P. Martin, M.D.
Department of Pediatrics
University of Colorado Medical Center
Denver, Colorado 80262

The recent concern for abused children stems from a wish to prevent or mute the consequences or sequellae. What are the consequences that one hopes to prevent? The most obvious is death and serious physical damage from the physical assault on the child. However, there is a much larger morbidity with this syndrome. To prevent or alter the natural outcome of being abused requires a thorough knowledge of just what that morbidity is likely to be, and some understanding of the pathogenesis of this syndrome; i.e., what are the physiologic and psychologic determinants of the developmental wounds of the child.

The two most obvious hazards to the child are physical attack and gross medical neglect. Indeed, these seem to be the only - or the primary hazards to the child which are dealt with by social agencies which plan intervention strategies for the abused child. There are other biologic and psychologic hazards usually present in the abusive environment. This paper shall enumerate some of these additional hazards in the abusive environment along with some discussion of the effects on the child's development.

CG012092

Biologic Hazards

It is contended here that the abused child is at increased biologic risk from the point of conception. Lynch is one of the few researchers who has documented an increased incidence of abnormal pregnancies and troubled labor and delivery in abused children as compared with their non-abused siblings (Lynch, 1975; Lynch, 1976). In 25 abused children, compared to their 35 non-abused siblings, there was a statistically significant greater incidence of abnormal pregnancies, labor and delivery, admission to special-care nursery, illness in the first year of life. There was also a significantly greater incidence of mother being spearated from the child, both in the neonatal period as well as in the first year of life for reasons other than ill health of the child.

Others have independently noted the over-representation of low-birthweight newborns in their samples of abused children (Martin, et.al., 1974; Klein & Stern, 1971). One might argue that these biologic events (low birthweight, difficult labor and delivery, problematic pregnancies) may be one of the precipitants of abuse through the mechanism of interfering with the normal attachment and bonding process (Bowlby, 1969; Kennell & Klaus, 1976). There is certainly a sound theoretical basis for taking this position. However, one must also ask the question as to whether there could have been some conscious or unconscious denial of pregnancy, or wish to sabotage a successful termination of pregnancy. Retardless of whether either or both of these positions may be valid, we are left with one inescapable fact. That is, the child who is later abused is at increased

biologic risk as a newborn. From abusive parent's history, notoriously unreliable, and from this author's clinical experience, many babies, later to be abused, start off life as difficult newborns. These biologic risk factors may explain why many of these babies are difficult to hold, feed, comfort, and nurture. At a recent workshop on prediction and prevention of child abuse, data from two retrospective and two prospective studies was given in preliminary fashion (Workshop, 1977). These 2-3 year studies included data on the behavior and temperament of the babies at high-risk for abuse. My initial impression of this data suggests that there will be corroboration of this theoretical position.

A further biologic hazard which abused children are exposed to is inadequate nutrition. Malnutrition is present in 20-35% of children first identified as physically abused (Martin, 1972; Martin, 1976). This includes marasmus, failure to thrive syndrome and/or height and/or weight below the 3rd percentile. This is an important issue inasmuch as it used to be said that failure to thrive and child abuse were two separate and quite different social and clinical entities. This is not so. Many abused children are also failure-to-thrive children, and conversely. Both immediate and permanent consequences of early malnutrition have been well documented in animals and in the human (Canosa, 1975; Lloyd-Still, 1976; Martin, 1973, Prescott, et.al., 1975; Winick, 1976). Further, the impaired ability of a malnourished child to respond to parents and to elicit average expectable nurturing behavior from parents feeds into a cycle of more neglect or abuse (Brazelton, et.al., 1974). So the consequences of inadequate nutrition are dual: there is a

real biologic risk of brain damage and impaired mental functioning; and the potential for the undernourished child to be less capable of exacting nurturance from the parents.

Medical care of abused children is usually deficient. In one study (Gregg & Elmer, 1969), abused children, as compared to children with accidental injuries, showed poorer hygiene, minimal well-baby care and erratic care for illnesses; e.g., 76% of the abused children and only 13% of the accident victims showed a lapse in child care. In our own studies in Denver, we are finding a large number of abused children with hearing deficits thought to be due to poorly treated repeated bouts of middle ear infections.

The abused child is at increased risk of learning disabilities. Kline has documented this over-representation of abused children in special education classes (Kline, 1976). One of our previous studies (Martin & Beezley, 1977) showed that at follow-up, at a mean of 4.5 years after abuse, over 30% of the school-aged children were learning-disabled. Again, there seem to be dual causes for this. Over 50% of our abused child population (Martin, et.al., 1974; Martin & Beezley, 1977) had neurologic findings, including hypotonia, perceptual motor dysfunction, dyspraxia, and other soft signs of minimal neurologic dysfunction. The other factor of importance in the pathogenesis of learning disabilities in the abused child has been noted by Dr. Rodeheffer in the previous presentation. Restriction of ego functions was one of the defense mechanisms first commented on by Anna Freud

in her classic treatise on this subject (Freud, 1966). Dr. Rodeheffer has spoken about the cognitive disruption the child experiences when, from infancy on, he does not have an adequate environment in which to learn cause and effect, or a sense of predictability in the world. Insofar as the abusive parent is unreliable, erratic, and neglectful, the child is not able to influence the environment in a regular or predictable way. In White's terms (White, 1963), the child does not have to change to satisfy his instinct for mastery or competence. In simplistic terms, curiousity, initiative, and competence are stifled in most abusive environments. Trying to learn, which always carries with it the risk of failure, places the child at increased risk for physical or verbal abuse. The interplay between these biologic bases for learning disabilities and the psychological environmental handicaps must be appreciated to appropriately plan for educational and psychological remediation.

In summary, the abused child is at greater risk of biologic damage from conception through childhood. Consequences of being in an abusive environment way include undernutrition, inadequate medical care, dampening of mental abilities, learning disabilities, and a host of signs and symptoms of minimal brain dysfunction. Any and all of these consequences can be caused by the abusive environment (apart from the physical attack itself) from a host of social and psychological factors in the abusive home. A constricted view which only concerns itself with avoidance of physical attack and gross neglect will result in the abused child continuing to be at risk for these biologic hazards.

Psychologic Hazards

In the previous paper, Dr. Rodeheffer has spoken to many of the dynamics in the abusive home, using a transactional model (Sameroff & Chandler, 1975) to understand both parent and child. I should like here to briefly enumerate some of the most common characteristics of most abusive families with a comment about the most likely reaction or adaptation of the child faced with such psychological hazards.

1. The abusive parent sees the child as a disappointment, usually lashing out when the child is perceived as not meeting parental expectations. This message of the child being bad, incompetent, and usually valueless is transmitted to the child in a host of verbal and non-verbal communications. This seems related to the strikingly high percentages of abused children who share that view - with extremely low self-esteem (Martin & Beezley, 1977).

2. Another common dynamic in the abusive family is for the parent to project onto the child parental characteristics which the parent views as bad. The parent may see the child as his/her "bad self". In addition to the contribution to a negative self-concept, a more serious consequence is related to the blurring of boundaries of self in the abused child. The earliest differentiation of the infant from parent is made more difficult as there is an overlap of parent and child, an inability for development of a sense of self. As the abused child grows, even as an adult, there is a preoccupation with the ways in which one is similar and disimilar to one's parent. It is as if the abused child can only define self against the background of the parent.

3. While not universal, the dynamic of role-reversal is common in abusive families. In this situation, there has never been a "good-enough" mother - never an approximation to an average expectable environment. Realistically enough, there can be no sense of trust, when there has not been a trustworthy adult who met the child's needs with some degree of predictability and regularity. In this situation, the child often adapts by buying into this dynamic; i.e., by trying to meet physical and emotional needs of parents. This requires the child to develop a precocious sense of social perceptiveness, alert to the emotional state and needs of the adults in the srround. It involves an abdication of childhood, as a true reversal of roles sets the child in the role of psychological parent and vica versa.

4. The abusive parent's most striking trait is an absense or distortion of normal object-relations. Parents relationships are not healthy. The typical abusive parent is isolated, has few if any friends, does not socialize with individuals or in groups. The model for the child is relationships based primarily, if not entirely, on need gratification. Indeed, this is the sine qua non of the relationship between abusive parent and child; i.e., the child is attacked or rejected when the child is unwilling or incapable of meeting the needs, demands and expectations of the parent. The child has limited capacity to develop healthy object relationships, for there has been no modelling, and there has been no precursors to a healthy state of object relationships which Mahler defines and describes as libidinal object constancy (Mahler,et.al., 1975).

Without the capacity to have friendship or love except on a need-gratification basis, there is limited ability to develop empathy or altruism. For a sense of libidinal object-constancy is an anlage of empathy and altruism.

There are a number of other traits in the abusive environment, each of which takes their toll on the developing child. Time does not permit a complete treatise on each of these. Nor does time permit a discussion of the iatrogenic biologic and psychological risks we expose the abused child to through our common intervention strategies of hospitalization, separation from parents, frequent changes of foster homes, etc. One does see other common adaptations of the child, including identification with the aggressor; depression, withdrawal of cathexsis from object relations, testing behaviors in the biologic and foster homes. These are all seen too frequently in abused children to allow us to ignore the multiple psychological wounds of abused children.

Summary

In a sense, this is a simplistic paper - presented to confront an even more simplistic notion of abused children. The latter involves the position that the primary risk to abused children is physical attack with resultant death or severe physical or mental damage. This is indeed a critically important risk to the child. My experience as apart of the National Center for Prevention and Treatment of Abuse and Neglect in Denver has been that preventing re-injury is one of the easiest goals to attain. What is not so easy, indeed,

what is quite difficult to provide for the abused child is a family environment where other biologic and psychologic hazards are absent or muted in intensity. For example, when teams are deciding whether to recommend replacement or retention of a child in the biologic home; or when social services is monitoring a child who is in his biologic family; it is essential that prevention of re-injury not be the only criteria of success for that family. The biologic and psychologic hazards to the child need to be considered when reunion of the child and family is being considered. Monitoring of the family by social casework needs to include an assessment of these other hazards to the development of the child. The child's biologic and psychological problems may require direct intervention. Our interest and concern for abused children must go far beyond that of preventing serious physical attack. Our goals should not only be to "save" the abused child, but to try to save a biologically and psychologically healthy child.

REFERENCES

Brazelton,T. Berry, B.Kislowski, and M.Main. "The Origins of Reciprocity: The Early Mother-Infant Interaction", in M. Lewis and L.A.Rosenblum (Eds), The Effect of the Infant on its Caregiver. New York: John Wiley, 1974. Pp. 49-76.

Bowlby, J. Attachment and Loss, Vol.I, Attachment. London: Penguin Books, 1969.

Canosa, Cipriano (Ed). Malnutrition and Intellectual Development. Littleton, Mass.: Publishing Sciences Group, 1976.

Freud, Anna. "The Ego and Mechanisms of Defense", in Anna Freud, The Writings of Anna Freud, Vol.II. New York: International University Press, 1966. Pp. 93-105.

Gregg,G.S. and E.Elmer. "Infant Injuries: Accident or Abuse". Pediatrics, 44: 434-439 (1969).

Kennel,J.H., and M.H.Klaus. Maternal-Infant Bonding. St. Louis: Mosby, 1976.

Klein,M., and L.Stern. "Low Birthweight and the Battered Child Syndrome". American Journal of Childhood Diseases, 122: 15-18, (July, 1971).

Kline,D.B. "Educational and Psychological Problems of Abused Children". Presented at First International Congress on Child Abuse and Neglect. Geneva, September, 1976.

Lloyd-Still, John (Ed). Malnutrition and Intellectual Development. Littleton, Mass.: Publishing Sciences Group, 1976.

Lynch,M. "Ill Health and Child Abuse". Lancet, 16: 317-319 (August, 1975).

Lynch,M. "Risk Factors in the Child: A Study of Abused Children and Their Siblings", in H.Martin (Ed), The Abused Child: A Multi-disciplinary Approach to Developmental Issues and Treatment. Cambridge, Mass.: Ballinger, 1976. Pp. 43-56.

Mahler,M.S.,et.al. The Psychological Birth of the Infant: Symbiosis and Individuation. New York: Basic Books, 1975.

Martin,H. "The Child and His Development", in C.H.Kempe & R.E.Helfer (Eds), Helping the Battered Child and His Family. Philadelphia: J.B.Lippincott, 1972. Pp. 92-114.

Martin,H.P. "Nutrition - Its Relationship to Children's Physical, Mental and Emotional Development". American Journal of Clinical Nutrition, 26: 766-775 (July, 1973).

Martin,H., P.Beezley, E.Conway, C.Kempe. "The Development of Abused Children". Advances in Pediatrics, 21: 25-73 (1974).

Martin,H.P. (Ed). The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment. Cambridge, Mass.: Ballinger, 1976.

Martin,H., P.Beezley. "Behavioral Observations of Abused Children". Developmental Medicine/Child Neurology, 19(3): 373-387 (June, 1977).

Prescott,J., J.S.Read, & D.B.Coursins (Eds). Brain Function and Malnutrition: Neuropsychological Methods of Assessment. New York: John Wiley, 1975.

Sameroff,A.J. & M.J.Chandler. "Reproductive Risk and the Continuum of Caretaking Casualty", in F.D.Horowitz (Ed), Review of Child Development Research. Chicago: University Press, Vol.IV, 1975. Pp. 187-244.

White,Robert W. "Ego and Reality in Psychoanalytic Theory: A Proposal Regarding Independent Ego Energies". Psychological Issues, Vol.III(3), Monograph 11 (1963). Pp. 1-212.

Winick,M. Malnutrition and Brain Development. New York: Oxford University Press, 1976.

Workshop on Prediction and Prevention of Child Abuse. Wilmington, Delaware, July, 1977.